

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035793

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1351

FILED OCT 14 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL | | d. STREET ADDRESS (If outside, give location) 1636 BENTON | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MARTHA MAGGIE MYKRANTZ | | 4. DATE OF DEATH Month Day Year OCT. 6, 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 27 Aug 1891 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 11. BIRTHPLACE (City and state or country) MISSOURI | |
| 13a. FATHER'S NAME WASHINGTON FRAKER | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No | | 17. INFORMANT HUSBAND Address MARDO MYKRANTZ 1636 BENTON | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aplastic anemia, cause undetermined | | 12. CITIZEN OF WHAT COUNTRY USA | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 9-18-63 to 10-6-63 and last saw her alive on 10-6-63 Death occurred at 6:15pm m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Frank Klingner M.D.</i> | | 22b. ADDRESS 1630 N. Jefferson, Springfield, Mo | |
| 22c. DATE SIGNED 10-8-63 | | 22d. LOCATION (City, town, or county) (State) Dallas County, Mo. | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 10-9-63 | 23c. NAME OF CEMETERY OR CREMATORY FRAKER CEMETERY | |
| 24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, SPRINGFIELD, MO. | | 25. DATE RECD. BY LOCAL REG. 10-9-63 | |
| 26. REGISTRAR'S SIGNATURE <i>Bernie Medley</i> | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 14 1963

10/8/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Hanger

Licensed Embalmer No. 5102

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.